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# NOTICE OF ALLOWANCE AND FEE(S) DUE

67706

7590

05/04/2010

**EXAMINER** MORRIS, PATRICIA L ART UNIT PAPER NUMBER

ORGANON USA, INC. c/o MERCK 2000 Galloping Hill Road Mail Stop: K-6-1, 1990 Kenilworth, NJ 07033

1625 DATE MAILED: 05/04/2010

|   | APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR      | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|---|-----------------|-------------|---------------------------|---------------------|------------------|
| Ī | 10/534,945      | 05/06/2005  | Pedro Harold Han Hermkens | 0-2002.723 US       | 1701             |

TITLE OF INVENTION: INDOLES USEFUL IN THE TREATMENT OF ANDROGEN-RECEPTOR RELATED DISEASES

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|---------------|---------------------|----------------------|------------------|------------|
| nonprovisional | NO           | \$1510        | \$300               | \$0                  | \$1810           | 08/04/2010 |

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. <u>PROSECUTION ON THE MERITS IS CLOSED</u>. THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHTS. THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. THIS STATUTORY PERIOD CANNOT BE EXTENDED. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE DOES NOT REFLECT A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE IN THIS APPLICATION. IF AN ISSUE FEE HAS PREVIOUSLY BEEN PAID IN THIS APPLICATION (AS SHOWN ABOVE), THE RETURN OF PART B OF THIS FORM WILL BE CONSIDERED A REQUEST TO REAPPLY THE PREVIOUSLY PAID ISSUE FEE TOWARD THE ISSUE FEE NOW DUE.

#### HOW TO REPLY TO THIS NOTICE:

I. Review the SMALL ENTITY status shown above.

If the SMALL ENTITY is shown as YES, verify your current **SMALL ENTITY status:** 

A. If the status is the same, pay the TOTAL FEE(S) DUE shown

B. If the status above is to be removed, check box 5b on Part B -Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and twice the amount of the ISSUE FEE shown above, or

If the SMALL ENTITY is shown as NO:

A. Pay TOTAL FEE(S) DUE shown above, or

B. If applicant claimed SMALL ENTITY status before, or is now claiming SMALL ENTITY status, check box 5a on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and 1/2 the ISSUE FEE shown above.

II. PART B - FEE(S) TRANSMITTAL, or its equivalent, must be completed and returned to the United States Patent and Trademark Office (USPTO) with your ISSUE FEE and PUBLICATION FEE (if required). If you are charging the fee(s) to your deposit account, section "4b" of Part B - Fee(s) Transmittal should be completed and an extra copy of the form should be submitted. If an equivalent of Part B is filed, a request to reapply a previously paid issue fee must be clearly made, and delays in processing may occur due to the difficulty in recognizing the paper as an equivalent of Part B.

III. All communications regarding this application must give the application number. Please direct all communications prior to issuance to Mail Stop ISSUE FEE unless advised to the contrary.

IMPORTANT REMINDER: Utility patents issuing on applications filed on or after Dec. 12, 1980 may require payment of maintenance fees. It is patentee's responsibility to ensure timely payment of maintenance fees when due.

### PART B - FEE(S) TRANSMITTAL

## Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where m

| appropriate. All further indicated unless correct maintenance fee notification.                                                                                     | ed below or directed otl                                                                              | ng the Patent, advance on<br>herwise in Block 1, by (                                                                               | orders and notification of<br>a) specifying a new corre                                                                                                                                                                                                                                                                                            | maintenance fees vespondence address                                                                                                                                                                                                                                                          | vill be<br>; and/o                              | mailed to the current<br>r (b) indicating a sepa                                                                                  | correspondence address as<br>rate "FEE ADDRESS" for                                                                                  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--|
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)                                                                                        |                                                                                                       |                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                    | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. |                                                 |                                                                                                                                   |                                                                                                                                      |  |
| 67706<br>ORGANON U<br>c/o MERCK<br>2000 Galloping                                                                                                                   | Hill Road                                                                                             | I h<br>Sta<br>ade                                                                                                                   | Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the U States Postal Service with sufficient postage for first class mail in an envaddressed to the Mail Stop ISSUE FEE address above, or being facs transmitted to the USPTO (571) 273-2885, on the date indicated below.            |                                                                                                                                                                                                                                                                                               |                                                 |                                                                                                                                   |                                                                                                                                      |  |
| Mail Stop: K-6-<br>Kenilworth, NJ                                                                                                                                   |                                                                                                       |                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                               |                                                 |                                                                                                                                   | (Depositor's name)                                                                                                                   |  |
| Kemiworm, NJ                                                                                                                                                        | 07033                                                                                                 |                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                               |                                                 |                                                                                                                                   | (Signature)                                                                                                                          |  |
|                                                                                                                                                                     |                                                                                                       |                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                               |                                                 |                                                                                                                                   | (Date)                                                                                                                               |  |
| APPLICATION NO.                                                                                                                                                     | FILING DATE                                                                                           |                                                                                                                                     | FIRST NAMED INVENTO                                                                                                                                                                                                                                                                                                                                | ₹                                                                                                                                                                                                                                                                                             | ATTC                                            | RNEY DOCKET NO.                                                                                                                   | CONFIRMATION NO.                                                                                                                     |  |
| 10/534,945<br>TITLE OF INVENTION                                                                                                                                    | 05/06/2005<br>I: INDOLES USEFUL II                                                                    |                                                                                                                                     | Pedro Harold Han Hermko<br>F ANDROGEN-RECEPT                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                               |                                                 | D-2002.723 US<br>S                                                                                                                | 1701                                                                                                                                 |  |
| APPLN. TYPE                                                                                                                                                         | SMALL ENTITY                                                                                          | ISSUE FEE DUE                                                                                                                       | PUBLICATION FEE DUE                                                                                                                                                                                                                                                                                                                                | PREV. PAID ISSU                                                                                                                                                                                                                                                                               | E FEE                                           | TOTAL FEE(S) DUE                                                                                                                  | DATE DUE                                                                                                                             |  |
| nonprovisional                                                                                                                                                      | NO                                                                                                    | \$1510                                                                                                                              | \$300                                                                                                                                                                                                                                                                                                                                              | \$0                                                                                                                                                                                                                                                                                           |                                                 | \$1810                                                                                                                            | 08/04/2010                                                                                                                           |  |
| EXAM                                                                                                                                                                | MINER                                                                                                 | ART UNIT                                                                                                                            | CLASS-SUBCLASS                                                                                                                                                                                                                                                                                                                                     | s                                                                                                                                                                                                                                                                                             |                                                 |                                                                                                                                   |                                                                                                                                      |  |
| MORRIS, PATRICIA L 1625                                                                                                                                             |                                                                                                       | 1625                                                                                                                                | 514-339000                                                                                                                                                                                                                                                                                                                                         | _                                                                                                                                                                                                                                                                                             |                                                 |                                                                                                                                   |                                                                                                                                      |  |
| "Fee Address" ind<br>PTO/SB/47; Rev 03-(<br>Number is required.  3. ASSIGNEE NAME A<br>PLEASE NOTE: Un                                                              | ND RESIDENCE DATA less an assignee is ident th in 37 CFR 3.11. Comp                                   | " Indication form<br>ned. Use of a Customer<br>A TO BE PRINTED ON<br>ified below, no assignee                                       | (1) the names of up t or agents OR, alternat (2) the name of a sing registered attorney or 2 registered patent att listed, no name will be THE PATENT (print or ty data will appear on the DT a substitute for filing ar (B) RESIDENCE: (CIT                                                                                                       | ively, the firm (having as a agent) and the namorneys or agents. If a printed.  Type) patent. If an assign assignment.                                                                                                                                                                        | n members of uno nan                            | p to per a 2                                                                                                                      | ocument has been filed for                                                                                                           |  |
| Please check the appropr                                                                                                                                            | riate assignee category or                                                                            | categories (will not be p                                                                                                           | rinted on the patent): $\Box$                                                                                                                                                                                                                                                                                                                      | Individual 🗖 C                                                                                                                                                                                                                                                                                | orporat                                         | ion or other private gro                                                                                                          | up entity Government                                                                                                                 |  |
| 4a. The following fee(s) are submitted:  ☐ Issue Fee ☐ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies                           |                                                                                                       |                                                                                                                                     | 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  ☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form). |                                                                                                                                                                                                                                                                                               |                                                 |                                                                                                                                   |                                                                                                                                      |  |
| 5. Change in Entity Sta                                                                                                                                             | itus (from status indicate<br>ns SMALL ENTITY stati                                                   |                                                                                                                                     | ☐ b. Applicant is no lo                                                                                                                                                                                                                                                                                                                            | ngor claiming SMA                                                                                                                                                                                                                                                                             | II EN'                                          | FITV status, See 27 CE                                                                                                            | ED 1.27(α\(2\)                                                                                                                       |  |
| NOTE: The Issue Fee an                                                                                                                                              | nd Publication Fee (if req                                                                            |                                                                                                                                     | ed from anyone other than                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                               |                                                 |                                                                                                                                   | e assignee or other party in                                                                                                         |  |
| Authorized Signature                                                                                                                                                |                                                                                                       |                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                    | Date                                                                                                                                                                                                                                                                                          |                                                 |                                                                                                                                   |                                                                                                                                      |  |
| Typed or printed name                                                                                                                                               |                                                                                                       |                                                                                                                                     | Registration No.                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                               |                                                 |                                                                                                                                   |                                                                                                                                      |  |
| This collection of inform<br>an application. Confiden<br>submitting the complete<br>this form and/or suggest<br>Box 1450, Alexandria, V<br>Alexandria, Virginia 223 | tiality is governed by 35 d application form to the ions for reducing this bu /irginia 22313-1450. DO | CFR 1.311. The informati<br>5 U.S.C. 122 and 37 CFR<br>2 USPTO. Time will vary<br>rden, should be sent to the<br>D NOT SEND FEES OR | on is required to obtain or<br>1.14. This collection is er<br>y depending upon the indi<br>the Chief Information Offic<br>COMPLETED FORMS T                                                                                                                                                                                                        | retain a benefit by<br>stimated to take 12<br>vidual case. Any co<br>er, U.S. Patent and<br>O THIS ADDRESS                                                                                                                                                                                    | the pub<br>minute:<br>ommen<br>Trader<br>S. SEN | lic which is to file (and<br>s to complete, includin<br>ts on the amount of tin<br>nark Office, U.S. Depa<br>D TO: Commissioner f | by the USPTO to process) g gathering, preparing, and ne you require to complete rtment of Commerce, P.O. for Patents, P.O. Box 1450, |  |

PTOL-85 (Rev. 08/07) Approved for use through 08/31/2010.

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|--------------------------|---------------|---------------------------|-------------------------|------------------|--|
| 10/534,945 05/06/2005    |               | Pedro Harold Han Hermkens | 0-2002.723 US 1701      |                  |  |
| 67706 75                 | 90 05/04/2010 |                           | EXAM                    | INER             |  |
| ORGANON USA              | A, INC.       | MORRIS, P.                | ATRICIA L               |                  |  |
| c/o MERCK                |               |                           | ART UNIT                | PAPER NUMBER     |  |
| 2000 Galloping Hill Road |               |                           | 1625                    |                  |  |
| Mail Stop: K-6-1,        | 1990          | DATE MAILED: 05/04/201    | Λ                       |                  |  |
| Kenilworth, NJ 07033     |               |                           | DATE WINDED. 03/04/2010 |                  |  |

## **Determination of Patent Term Adjustment under 35 U.S.C. 154 (b)**

(application filed on or after May 29, 2000)

The Patent Term Adjustment to date is 393 day(s). If the issue fee is paid on the date that is three months after the mailing date of this notice and the patent issues on the Tuesday before the date that is 28 weeks (six and a half months) after the mailing date of this notice, the Patent Term Adjustment will be 393 day(s).

If a Continued Prosecution Application (CPA) was filed in the above-identified application, the filing date that determines Patent Term Adjustment is the filing date of the most recent CPA.

Applicant will be able to obtain more detailed information by accessing the Patent Application Information Retrieval (PAIR) WEB site (http://pair.uspto.gov).

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office of Patent Legal Administration at (571)-272-7702. Questions relating to issue and publication fee payments should be directed to the Customer Service Center of the Office of Patent Publication at 1-(888)-786-0101 or (571)-272-4200.

|                                                                                                                                                                                                                                                                                            | Application No.                                                                                                                | Applicant(s)                                                         |  |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|--|--|--|--|--|
|                                                                                                                                                                                                                                                                                            | 10/534,945                                                                                                                     | HERMKENS ET AL.                                                      |  |  |  |  |  |
| Notice of Allowability                                                                                                                                                                                                                                                                     | Examiner                                                                                                                       | Art Unit                                                             |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                            | Defetate L. Mannia                                                                                                             | 1005                                                                 |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                            | Patricia L. Morris                                                                                                             | 1625                                                                 |  |  |  |  |  |
| The MAILING DATE of this communication appeal claims being allowable, PROSECUTION ON THE MERITS IS herewith (or previously mailed), a Notice of Allowance (PTOL-85) NOTICE OF ALLOWABILITY IS NOT A GRANT OF PATENT RIOF of the Office or upon petition by the applicant. See 37 CFR 1.313 | (OR REMAINS) CLOSED in this applied or other appropriate communication IGHTS. This application is subject to                   | plication. If not included will be mailed in due course. <b>THIS</b> |  |  |  |  |  |
| 1. This communication is responsive to <u>4/9/10</u> .                                                                                                                                                                                                                                     |                                                                                                                                |                                                                      |  |  |  |  |  |
| 2. $\boxtimes$ The allowed claim(s) is/are $\underline{1-11,13,14,17}$ and 18 (renumber)                                                                                                                                                                                                   | <u>ered as 1-15)</u> .                                                                                                         |                                                                      |  |  |  |  |  |
| <ol> <li>Acknowledgment is made of a claim for foreign priority ur</li> <li>a) ☐ All b) ☐ Some* c) ☐ None of the:</li> </ol>                                                                                                                                                               | nder 35 U.S.C. § 119(a)-(d) or (f).                                                                                            |                                                                      |  |  |  |  |  |
| <ol> <li>Certified copies of the priority documents have</li> </ol>                                                                                                                                                                                                                        | e been received.                                                                                                               |                                                                      |  |  |  |  |  |
| 2. Certified copies of the priority documents have                                                                                                                                                                                                                                         | been received in Application No                                                                                                |                                                                      |  |  |  |  |  |
| 3. Copies of the certified copies of the priority do                                                                                                                                                                                                                                       | cuments have been received in this                                                                                             | national stage application from the                                  |  |  |  |  |  |
| International Bureau (PCT Rule 17.2(a)).                                                                                                                                                                                                                                                   |                                                                                                                                |                                                                      |  |  |  |  |  |
| * Certified copies not received:                                                                                                                                                                                                                                                           |                                                                                                                                |                                                                      |  |  |  |  |  |
| Applicant has THREE MONTHS FROM THE "MAILING DATE" noted below. Failure to timely comply will result in ABANDONN THIS THREE-MONTH PERIOD IS NOT EXTENDABLE.                                                                                                                                |                                                                                                                                | complying with the requirements                                      |  |  |  |  |  |
| 4. A SUBSTITUTE OATH OR DECLARATION must be subm INFORMAL PATENT APPLICATION (PTO-152) which give                                                                                                                                                                                          |                                                                                                                                |                                                                      |  |  |  |  |  |
| 5. CORRECTED DRAWINGS (as "replacement sheets") mus                                                                                                                                                                                                                                        | st be submitted.                                                                                                               |                                                                      |  |  |  |  |  |
| (a) ☐ including changes required by the Notice of Draftspers                                                                                                                                                                                                                               |                                                                                                                                | 948) attached                                                        |  |  |  |  |  |
| 1)  hereto or 2) to Paper No./Mail Date                                                                                                                                                                                                                                                    | •                                                                                                                              | ,                                                                    |  |  |  |  |  |
| · — · · — · — — · — — — — — — — — — — —                                                                                                                                                                                                                                                    |                                                                                                                                | Office action of                                                     |  |  |  |  |  |
| Paper No./Mail Date                                                                                                                                                                                                                                                                        | (b) ☐ including changes required by the attached Examiner's Amendment / Comment or in the Office action of Paper No /Mail Date |                                                                      |  |  |  |  |  |
| Identifying indicia such as the application number (see 37 CFR 1 each sheet. Replacement sheet(s) should be labeled as such in t                                                                                                                                                           |                                                                                                                                |                                                                      |  |  |  |  |  |
| 6. DEPOSIT OF and/or INFORMATION about the depo attached Examiner's comment regarding REQUIREMENT                                                                                                                                                                                          |                                                                                                                                |                                                                      |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                            |                                                                                                                                |                                                                      |  |  |  |  |  |
| Attachment(s) 1. ☐ Notice of References Cited (PTO-892)                                                                                                                                                                                                                                    | 5. ☐ Notice of Informal P                                                                                                      | Potent Application                                                   |  |  |  |  |  |
| <u> </u>                                                                                                                                                                                                                                                                                   |                                                                                                                                |                                                                      |  |  |  |  |  |
| 2. Notice of Draftperson's Patent Drawing Review (PTO-948)                                                                                                                                                                                                                                 | 6.  ☐ Interview Summary<br>Paper No./Mail Dat                                                                                  | te .                                                                 |  |  |  |  |  |
| 3. Information Disclosure Statements (PTO/SB/08),                                                                                                                                                                                                                                          | 7. 🗌 Examiner's Amendr                                                                                                         | ment/Comment                                                         |  |  |  |  |  |
| Paper No./Mail Date <u>4/9/10</u> 4. ☐ Examiner's Comment Regarding Requirement for Deposit                                                                                                                                                                                                | 8. Examiner's Stateme                                                                                                          | ent of Reasons for Allowance                                         |  |  |  |  |  |
| of Biological Material                                                                                                                                                                                                                                                                     | 9.                                                                                                                             |                                                                      |  |  |  |  |  |
| /Patricia L. Morris/                                                                                                                                                                                                                                                                       |                                                                                                                                |                                                                      |  |  |  |  |  |
| Primary Examiner, Art Unit 1625                                                                                                                                                                                                                                                            |                                                                                                                                |                                                                      |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                            |                                                                                                                                |                                                                      |  |  |  |  |  |